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ABSTRACT

The "Education for All Handicapped Children Act" (1975) requires that all children with disabilities receive a free and appropriate public education. Determining who has a disability and who is eligible for special services, however, is not an exact science. While practices differ greatly both across and within states, screening is an important part of the assessment process. School-based screening as well as problems and solutions for school screening, are discussed. Screening procedures are an important part of the assessment process to identify children and youth who have disabilities. Such procedures must be used with care, however, as they provide only a preliminary sign that a child has a disability. Additional testing is required to affirm or disprove the presence of a handicapping condition. If a disability is identified during follow-up assessment, the focus shifts to providing the student with appropriate education. (JBJ)

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by Susan De La Paz and Steve Graham

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Screening for Special Diagnoses

Susan De La Paz and Steve Graham

Overview

Congress enacted Public Law 94-142, the Education for All Handicapped Children Act, in November, 1975. It requires that all children with disabilities receive a free and appropriate public education. Determining who has a disability and who is eligible for special services, however, is not an exact science. It is complicated by vague definitions and varying interpretations of how to identify specific handicapping conditions (Hallahan & Kauffman, 1991). Nevertheless, recent government figures indicate that 7 percent of children and youth from birth to 21 are identified as having a disability that requires special intervention (Hunt & Marshall, 1994).

While practices differ greatly both across and within states (Adelman & Taylor, 1993), screening is an important part of the assessment process mandated by Public Law 94-142. Screening for the purpose of special diagnoses begins at birth and continues throughout the school years. In the first few years of life, most forms of screening center around developmental norms for physical, cognitive, and language abilities. Many children with severe disabilities (cerebral palsy, spina bifida, Down's syndrome, autism, severe sensory impairments, or children with multiple disabilities, for example) are identified early in life by physicians and other health professionals. However, other children, such as those with learning disabilities, attention deficit disorders, behavioral problems, and so forth, are usually not identified until they start school.

School-Based Screening

Most public schools periodically "screen" large groups of students, typically between kindergarten through third grade, to identify children who may have a disability (as yet unidentified) or may be at risk for school failure. For example, a student with an extremely low test score on a standardized achievement test administered to all first graders in a school may become the focus of further inquiry to determine the validity of the screening observation and, if warranted, to determine the causes of the child's difficulties. This may lead to a recommendation to conduct a formal evaluation to decide if the child has a specific, identifiable disability. In addition to systematically "screening" students, children with a "suspected" disability may also be identified through referrals by parents, teachers, or other school personnel. Typically, a child who is having academic or behavioral problems in the classroom may be referred for further testing to determine if a disability is present. Before testing for diagnosis begins, however, the school must obtain consent from the child's parents to do the evaluation.

While most children with a disability are identified by third grade, some are not identified until the upper elementary grades or even junior or senior high school. In some instances, a problem does not become evident until the demands of school exceed the child's skills in coping with his or her disability. In other cases, the disability may not occur until the child is older. For instance, a disability may be acquired as a result of a traumatic brain injury or as a result of other environmental factors. A disability may also not be identified until a child is older because the procedures used for screening, referral, testing, and/or identification are ineffective.

Problems and Solutions for School Screening

It is important to understand that there is no standard or uniform battery of tests, checklists, or procedures to follow for the identification of most students with disabilities. While there is a basic structure to the identification process, there is considerable variability in how students may come to be identified, including the types of tests used in screening and the processes by which they are referred.

Critics have argued that the procedures used to identify children and youth with special needs have resulted in over- as well as under-identification of students with disabilities. As several studies have shown, a referred child almost always qualifies for special education (Christenson, Ysseldyke, & Algozzine, 1983). Over-identification has been particularly problematic in the area of learning disabilities (Hunt & Marshall, 1994), as approximately half of all students receiving special education services are identified as learning disabled! In contrast, students with behavioral disorders appear to be under-identified, particularly children who are compliant and nonaggressive but suffer from problems such as depression, school phobia, or social isolation (Walker et al., 1990).

To remedy problems of over- and under-identification, educators have begun to institute several changes in the screening and referral process. One approach has involved the development of better screening procedures. For example, Walker and his colleagues (1990) devised a screening process, the Systematic Screening for Behavioral Disorders, that relies on a three-step process. Teachers (1) rank-order students along specified criteria and then (2) use checklists to quantify observations about the three highest-ranked students. Then, (3) other school personnel (for example, school psychologists or counselors) observe children whose behaviors exceed the norm for the teacher's classroom. Referrals are made for further evaluation only after the three-step process is completed.

A second common practice aimed at improving the identification process involves the use of prereferral interventions (Chalfant, 1985). These interventions have been developed to reduce the number of referrals to special education and provide additional help and advice to regular education teachers. Before initiating a referral for testing for special diagnosis, teachers first attempt to deal with a child's learning or behavioral problems by making modifications in the regular classroom. If these modifications fail to address the difficulties the child is experiencing adequately and the teacher believes that special services may be warranted, then the referral process is set into motion. Currently, 34 of 50 states require or recommend some form of prereferral intervention (Sindelar, Griffin, Smith, & Watanabe, 1992).

Two of the more common prereferral intervention approaches include Teacher Assistance Teams, (TATs), and collaborative consultation. Both approaches involve professionals helping regular educators deal with students who have problems in their classroom; however, they differ in an essential way. TATs typically consist of a team of three teachers with the referring teacher as the fourth member. The TAT model provides a forum where teachers meet and brainstorm ideas for teaching or managing a student. In contrast, most collaborative consultation models employ school specialists (resource room teachers, speech-language clinicians) who work directly with the referring teacher to plan, implement, and evaluate instruction for target students in the regular classroom.

Summary

Screening procedures are an important part of the assessment process to identify children and youth who have disabilities. Such procedures must be used with care, however, as they provide only a preliminary sign that a child has a disability. Additional testing is required to affirm or disprove the presence of a handicapping condition. If a disability is identified during follow-up assessment, the focus shifts to providing the student with an appropriate education.

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